

3201
UTILITY
PATENT APPLICATION
TRANSMITTAL
Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	119569-00101
First Inventor or Application Identifier	Trudy CAMELLONE
Title	STAND FOR BOUQUET ARRANGEMENT AND METHODS THEREOF

APPLICATION ELEMENTS

(See MPEP chapter 600 concerning utility patent application contents)

ADDRESS TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27	10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
3. <input checked="" type="checkbox"/> Specification Total Pages 10	11. <input type="checkbox"/> English Translation Document (if applicable)
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 3	12. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations
5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation / divisional w/ box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	14. <input checked="" type="checkbox"/> White Advance Serial No. Postcard
7. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. <input type="checkbox"/> Specification or Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies	16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:	17. <input checked="" type="checkbox"/> Other: Title Page of Application

Continuation Divisional Continuation-in-part (CIP) of prior application no.:

Prior application information: Examiner:

Group Art Unit:

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. Amend the specification by inserting before the first line the sentence:

This application is a Continuation Division Continuation-in-part (CIP)
of application Serial No. Filed on

This application claims priority of provisional application Serial No. Filed

20. CORRESPONDENCE ADDRESS

BLANK ROME LLP
600 NEW HAMPSHIRE AVENUE, N.W.
WASHINGTON, DC 20037
TEL (202) 944-3000 FAX (202) 572-8398



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PATENT TRADEMARK OFFICE

Name: Peter S. Weissman	Registration No.: 40,220
Signature:	Date: January 12, 2004

31355 U.S. PTO
10/754595

011204

01204
13281 U.S.PTO

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 385.00

Complete if Known

Application Number	To be assigned
Filing Date	January 12, 2004
First Named Inventor	Trudy CAMPELLONE
Examiner Name	To be assigned
Group / Art Unit	To be assigned
Attorney Docket No.	119569-00101

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

23-2185

Deposit Account Name

BLANK ROME LLP

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17
 Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
101	770	201	385
106	340	206	170
107	530	207	265
108	770	208	385
114	160	214	80
SUBTOTAL (1)			(\$ 385)

2. EXTRA CLAIM FEES

Total Claims	17	-20**	=	0	X	\$18	=	\$0	Fee Paid
Independent Claims	3	-3**	=	0	X	\$86	=	\$0	
Multiple Dependent								\$0	

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	
103	18	203
102	86	202
104	290	204
109	86	209
110	18	210
SUBTOTAL (2)		

**or number previously paid, if greater; For Reissues, see above

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Signature				Date	January 12, 2004